

West Virginia Division of Infectious Disease Epidemiology Influenza Sentinel Physician Enrollment Form

Name of Physician or Practice: _____
(Please include degree: MD, DO, PA, CNP etc)

Point of contact at physician office: _____

Address: _____

(Include city and zip)

Phone: (____) - ____ - _____

Fax: (____) - ____ - _____

E-mail: _____ (E-mail is required to receive weekly updates)

County: _____

Is your office interested in receiving FREE influenza vaccine for your staff? Yes ☐ No ☐

How many doses of influenza vaccine would you need for your staff? _____

Contact at local health department: _____

Date submitted: ____ / ____ / ____

Please fax this completed enrollment form to:
ATTN: Influenza Coordinator
Infectious Disease Epidemiology Program
304-558-8736

Thank you!